NEW ENGLAND

1948

Deaconess Hospital

1948

Fifty-Third

Annual Report

1948

New England Deaconess Hospital

DEACONESS GENERAL PALMER MEMORIAL

GEORGE F. BAKER CLINIC

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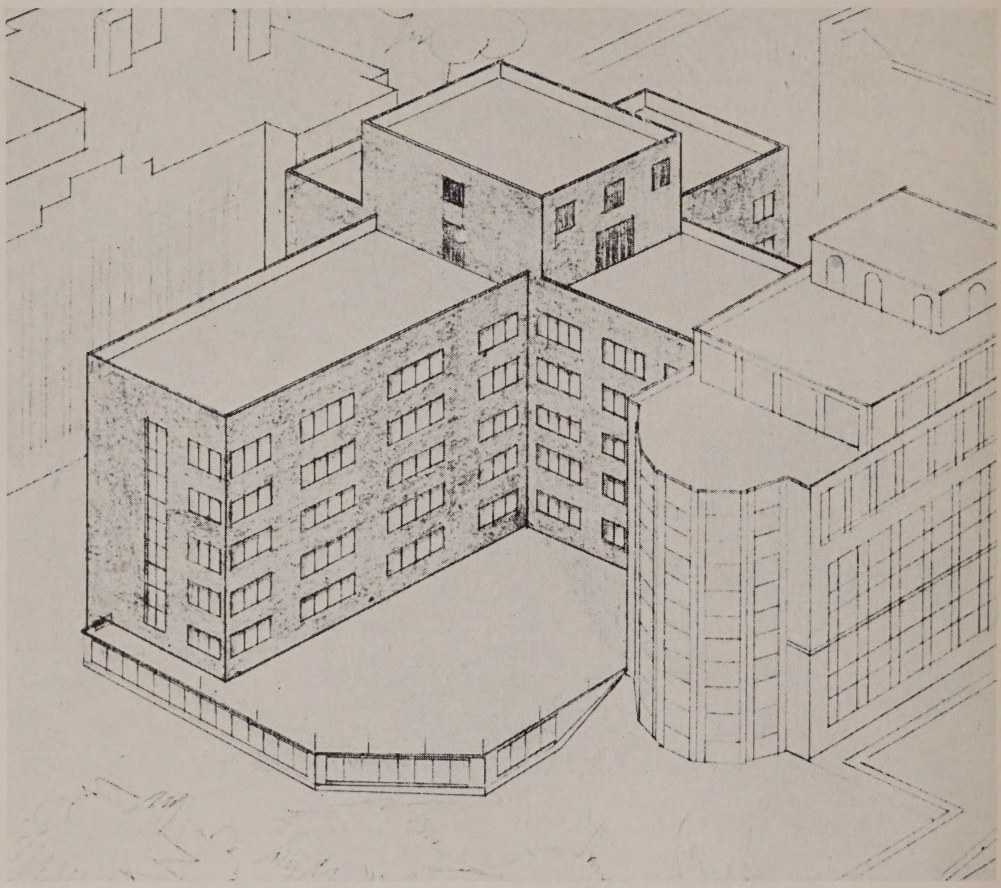
16 DEACONESS ROAD BOSTON 15, MASSACHUSETTS



Architect's drawing shows The New England Deaconess Hospital as it will look when the new Central Building is added. With the new building Deaconess will be able to serve approximately 2500 more patients each year. The new building will also provide for the greatly needed centralization of administration and X-ray, a new operating suite with 13 operating rooms, and central kitchen and dining rooms. It will not only assure better care for patients but also makes possible substantial economies in operating costs.

BUSINESS ADMINISTRATION

1949

NEW ENGLAND
DEACONESS HOSPITAL

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HOWARD D. BREWER, 12 East Worcester Street, Worcester, Massachusetts

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FRANCIS W. CAPPER, Boston Safe Deposit & Trust Co., Boston, Massachusetts

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*VINCENT P. CLARKE
JOHN A. DUNN
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WILLIAM B. SNOW, JR.

WARREN F. COOK, *Executive Director*
HOWARD F. ROOT, M.D., *Staff Representative*

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*WARREN F. COOK
MISS ETHEL M. EASTER
MRS. EUGENE H. MATHER
MISS OLIVE L. NELSON
*MISS MARGARET M. SHRADER

J. WENDELL YEO, PH.D.

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* Ex officio.

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Miss Mabel T. Eager
Henry S. Rogerson
Howard W. Selby
J. P. Spang, Jr.
Donald B. Stanbro
Ralph E. Thompson

Mrs. William L. Young

Term Expiring 1951

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Frank H. Lahey, M.D.
William O. LeFavre
John Wesley Lord
Clifton T. Perkins
Matthew P. Scullin
William B. Snow, Jr.

Francis R. Carnegie Steele

Term Expiring 1952

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Mrs. Alexander G. Grant
Miles C. Higgins
Mrs. Eugene H. Mather
Charles O. Pengra
Leland Powers
Glenwood J. Sherrard
Mrs. Sheldon E. Wardwell

Edward E. Whiting

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Carl S. Ell
Sam T. Emery
Ernest G. Howes
J. Franklin McElwain
Robert H. Montgomery
Mrs. E. N. Wrightington
Roy A. Young

Term Expiring 1954

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Alfred H. Avery
Horace A. Carter
Paul F. Clark
Vincent P. Clarke
John A. Dunn
Roger I. Lee
Stanley O. MacMullen

Edward H. Redstone

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Ross Whistler
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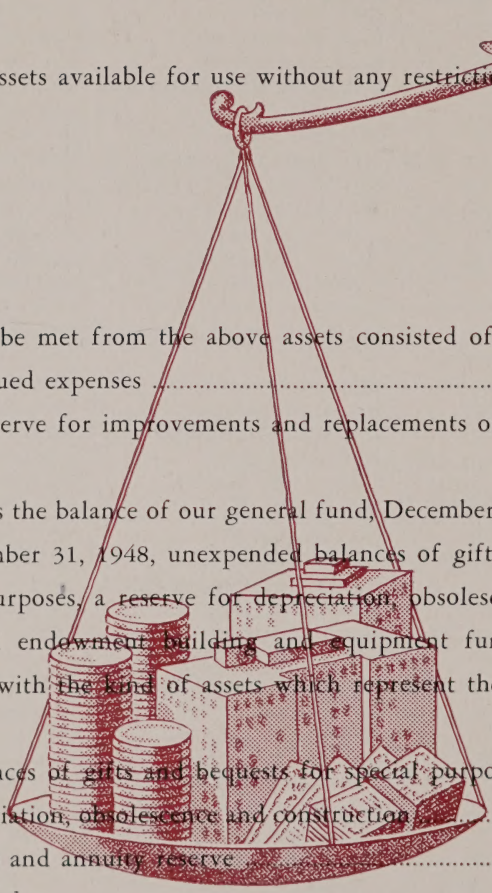
Lawson Williams
Elwin L. Wilson
John C. Wingett
Mrs. E. N. Wrightington
Roy A. Young
Mrs. William LeRoy Young

The New England

THIS IS A SUMMARY OF OUR FINANCIAL

We had current assets available for use without any restrictions as follows:



Our liabilities to be met from the above assets consisted of accounts payable and accrued expenses .....

And we had a reserve for improvements and replacements of .....

The difference was the balance of our general fund, December 31, 1948 .....

We had at December 31, 1948, unexpended balances of gifts and bequests for special purposes, a reserve for depreciation, obsolescence and construction and endowment, building and equipment funds which are listed below with the kind of assets which represent them.

Unexpended balances of gifts and bequests for special purposes .....

Reserve for depreciation, obsolescence and construction .....

Endowment funds and annuity reserve .....

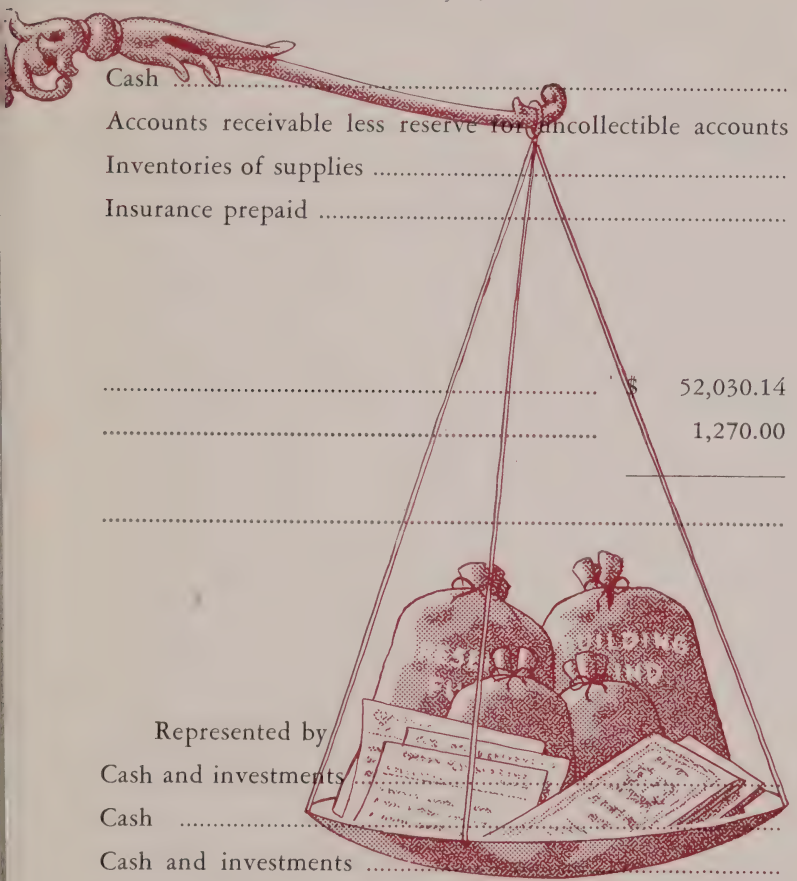
New Building Fund .....

Radium Fund .....

Land, Buildings and Equipment Fund .....

Deaconess Hospital

POSITION AS OF DECEMBER 31, 1948



Cash		$ 22,034.37
Accounts receivable less reserve for uncollectible accounts		79,782.80
Inventories of supplies		104,893.39
Insurance prepaid		5,249.77
		$ 211,960.33
	$ 52,030.14	
	1,270.00	53,300.14
		$ 158,660.19

Represented by	Amount
Cash and investments	$ 72,998.78
Cash	42,290.48
Cash and investments	1,068,425.30
Cash and investments	886,912.29
Radium, radium equipment and cash	137,962.94
Land, buildings and equipment	2,351,627.19

This Is A Summary of Our Income Statement For 1948 and 1947

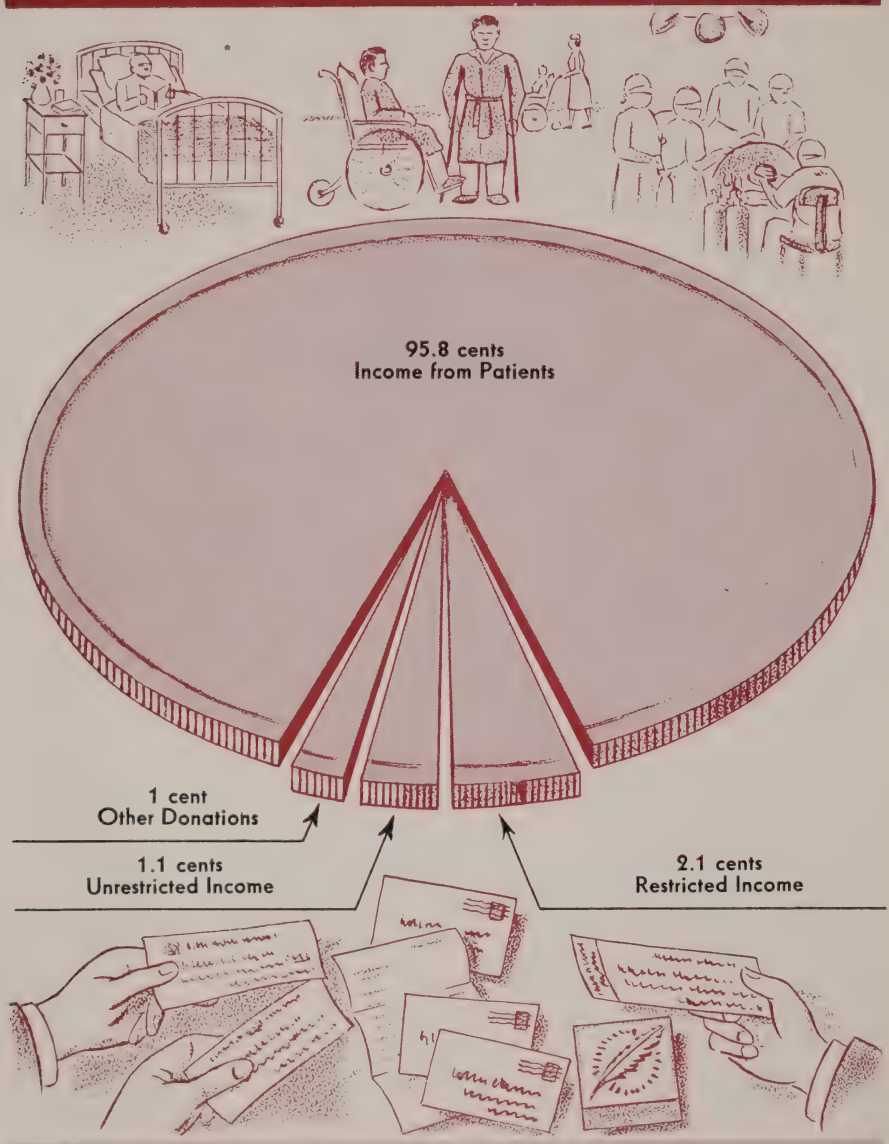
		1948		1947
We Earned by caring for and furnishing medicines and supplies to patients		$2,077,907.22		$1,766,247.70
But We Gave Free Treatment of	$188,108.74		$133,216.83	
And Experience Has Taught Us To Make Provision For Uncollectible Accounts amounting to	37,401.23	225,509.97	23,643.51	156,860.34
So That Our Net Hospital Income Was		1,852,397.25		1,609,387.36
The Direct Cost of providing care and supplies for patients including administration expense was		1,915,142.32		1,627,081.78
Resulting In A Deficit From Operations of		62,745.07		17,694.42
But We Had Other Income As Follows:				
Income from funds	69,209,81		42,710.16	
Donations	15,975.20		43,984.65	
Income earned on bequests during administration of estates	820.26	86,005.27	7,128.39	93,823.20
		$23,260.20		$76,128.78
And We Had Other Expenses for interest and annuities of				3,841.19
		$23,260.20		$72,287.59
Then We Made Provision For Depreciation, obsolescence and construction of		23,260.20		78,360.11
Which Left A Final Deficit of				$6,072.52

This was transferred to the General Fund, an analysis of which for 1948 follows.

Analysis of General Fund

1948

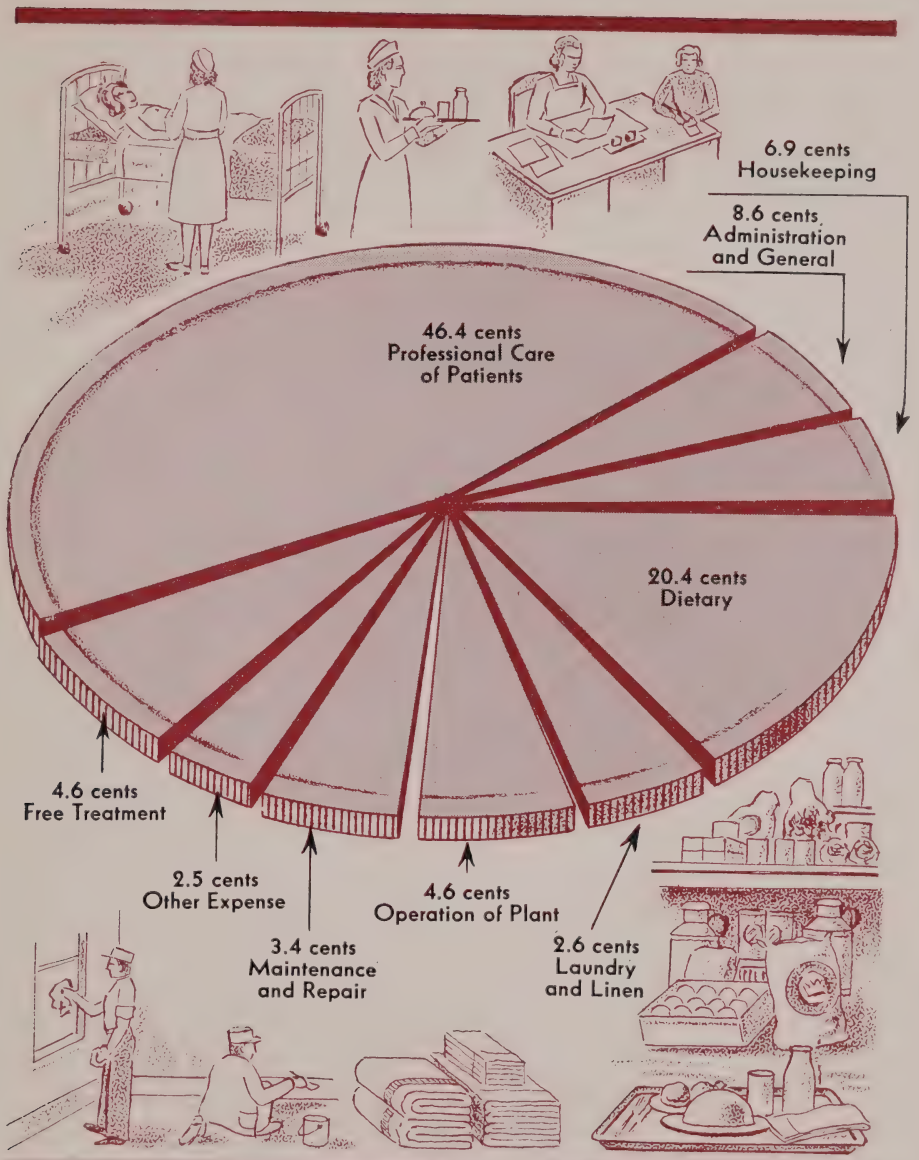
Balance January 1, 1948		$162,700.76
The General Fund was increased by:		
Unrestricted legacies	$16,959.43	
Transfer from Annuity Reserve	5,000.00	
Transfer back to General Fund for purchase of real estate, portion of unrestricted legacies previously assigned to New Building Fund	27,336.34	49,295.77
		$211,996.53
It Was Reduced By:		
Transfer to New Building Fund by vote of the Executive Committee	$26,000.00	
Transfer to building funds, cost of real estate acquired	27,336.34	53,336.34
Leaving A Balance December 31, 1948 of		$158,660.19



Distribution of the INCOME DOLLAR

(IN CENTS)

1948



Distribution of the EXPENSE DOLLAR

(IN CENTS)

1948

Endowment Funds

INCOME TO BE USED FOR FREE BEDS

Mary V. Ackley Free Bed Fund	1936	$ 3,000.00
Adelaide Bunnell Allen Fund	1942	1,000.00
Julia A. Babcock Free Bed Fund	1929	200.00
George William Boyd Free Bed Fund	1909	5,000.00
Abbie K. Chandler Free Bed Fund	1913	1,000.00
Georgette B. Coburn	1948	2,962.00
Mr. and Mrs. Costello C. Converse Free Bed Fund	1927	50,000.00
Fannie F. Eager Free Bed Fund	1908	5,000.00
George R. Eager Free Bed Fund	1921	5,000.00
Mr. and Mrs. William R. Elliott Free Bed Fund	1938	31,521.02
Free Bed for Eye Patients	1931	6,904.00
Edith W. Gallagher Fund	1933	10,000.00
Ferdinand C. Gammons Fund	1934	68,575.91
Nathan R. George Free Bed Fund	1943	29,197.38
Annie W. Gooding Free Bed Fund	1925	1,200.00
Isabella Louise Grant Free Bed Fund	1944	6,500.00
Lucy J. Haigh Free Bed Fund	1926	5,000.00
Bishop John W. Hamilton Free Bed Fund	1938	500.00
Mary Adeline Tobey Hastings Fund	1931	24,934.44
Elijah B. and Josephine M. Hine Room	1904	3,900.00
Abbie Hills Holbrook Bed	1935	10,000.00
Ida Sinclair Holt Fund	1927	25,000.00
Dr. Joshua C. Hubbard Free Bed Fund	1917	5,000.00
S. Elizabeth Huntington Free Bed Fund	1936	5,000.00
Soloman M. Hyams Bed	1929	10,000.00
Linda May Jackson Free Bed Fund	1931	600.00
Deborah M. Josselyn Free Bed Fund	1917	346.40

Nellie Louise Kidder Free Bed Fund	1930	745.24
Kingsbury Fund for Aliens	1911	678.05
Aimee Lamb Free Bed Fund	1931	5,000.00
Effie E. Lord Free Bed Fund	1941	1,000.00
Flora E. MacGlauflin Free Bed Fund	1933	5,000.00
Mary L. McIntyre Fund	1942	1,000.00
George H. Maxwell Fund	1927	10,000.00
Sarah K. Morse Fund	1928	1,758.00
Nellie S. Moulton Free Bed Fund	1931	300.00
New England Deaconess Alumnae Association Free Bed Fund	1931	10,200.00
New Hampshire Conference Free Bed Fund	1916	1,019.36
John A. Ordway Fund	1942	5,000.00
Albert N. Parlin Free Bed Fund	1930	25,000.00
Albert N. Parlin Free Bed Fund	1935	25,000.00
Abbie S. Peasley Free Service Fund	1917	475.00
Mary E. Pickering Free Bed Fund	1926	500.00
Anna M. Pickford Memorial Free Bed Fund	1927	25,000.00
Anonymous	1941	16,000.00
Georgia M. Whidden Porter Free Bed Fund	1938	20,696.84
Howard M. Ray Memorial Fund	1937	300.00
Mrs. Hannah R. Richards Memorial Fund	1923	1,000.00
Mary Elizabeth Slack Free Bed Fund	1944	25,000.00
Emma A. Ward Fund	1941	1,896.23
Catherine E. Watson Free Bed Fund	1923	5,000.00
Sarah Wheeler Free Bed Fund	1948	4,000.00
Annie W. Woolson Free Bed Fund	1920	5,000.00

INCOME TO BE USED FOR GENERAL PURPOSES

Mahlon H. Bancroft Fund	1947	$ 1,740.51
Ada S. Blair Fund	1926	4,750.00
Elizabeth A. Botsford Fund	1946	10,000.00
John and Harriet Champhrey Fund	1923	3,063.36

Philip Chase Fund	1938	50.00
Clark Fund	1900	2,910.00
Chester C. Corbin Fund	1917	100,000.00
Clara L. Crawford Fund	1925	5,000.00
Bertrand V. Degan Fund	1947	3,000.00
Francis J. Douglas Fund	1926	500.00
Roswell L. Douglas Fund	1922	2,500.00
Inez E. Fisher Fund	1947	16,047.33
Mary George Fund	1915	1,000.00
Sarah R. Griffin Fund	1918	7,000.00
Francis W. Hale Fund	1935	1,000.00
Charles W. Haworth Fund	1936	300.00
Alice Hiscox Fund	1945	1,000.00
Margaret E. Johnston Fund	1926	2,500.00
Daniel Fiske Jones Memorial Fund	1938	5,000.00
George W. Lawrence Fund	1947	162,500.00
Maud G. Leadbetter Fund	1945	1,000.00
Edward E. Mallalieu Fund	1947	28,658.13
Willard Taylor Perrin and Lucy E. Perrin Memorial Fund	1939	13,010.97
Chaplain and Mrs. Charles A. Plumer Fund	1922	200.00
Herman and Emma Richter Fund	1929	2,301.46
Elizabeth Clarke Rogers Fund	1928	5,000.00
Sophie K. Rousmaniere Fund	1945	15,000.00
Georgianna B. Sargeant Fund	1935	2,000.00
Smith-Hamilton Fund	1936	$ 42,600.00
Ella Gertrude Spalding Fund	1934	2,114.87
Edward W. Swan Fund	1946	33,000.00
Sarah S. Swift Fund	1929	2,275.70
Alice Wheeler Fund	1939	8,553.19

INCOME TO BE USED FOR SPECIAL PURPOSES

Jane G. A. Carter Orthopedic Fund	1928	$ 1,000.00

John Howard Charlton Fund	1942	1,000.00
Mary E. Holt Room Fund (Furnishings)	1911	1,000.00
Mr. and Mrs. Joseph B. Jacobs Fund	1945	1,000.00
Sylvester Kimball Fund (Furnishings)	1923	500.00
Gallah Levi Fund (Furnishings)	1914	1,000.00
Mary DeShon Lowell Fund	1928	588.50
Fannie Kimball Morse and May Conant Morse Fund	1923	1,000.00
Walter S. North Fund for Study and Care of Diabetes	1941	1,000.00
Wendell Phillips Parker Fund	1945	1,040.00
William L. Shearer Fund	1932	10,000.00
Louise O. Twombley Fund	1937	100.00
F. B. and G. A. Webster Fund	1923	8,898.01
William F. Willman Fund	1934	4,887.33

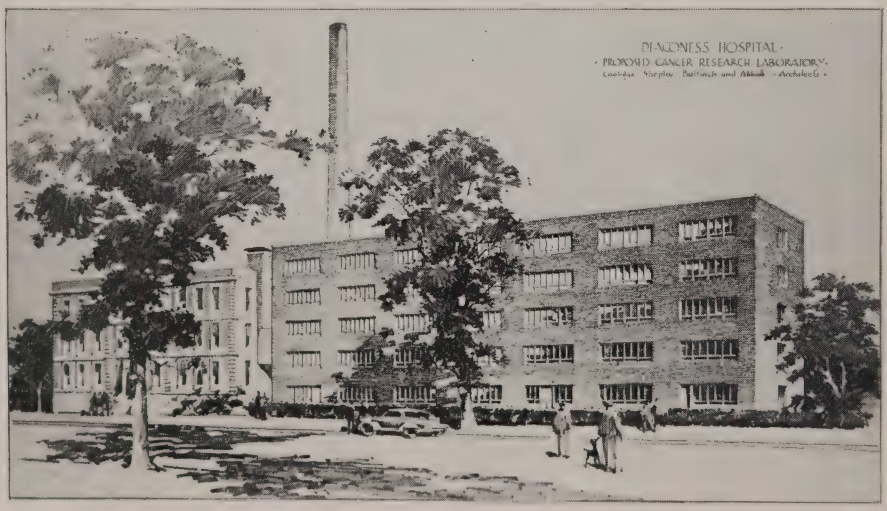
Life-size Cartouche, representing Strength and Mercy, over front entrance of Deaconess Building

Administration
OF THE
New England Deaconess Hospital

EXECUTIVE DIRECTOR, WARREN F. COOK
ASSISTANT DIRECTOR, ROBERT D. LOWRY

DEPARTMENTAL

MISS ELLEN ADAMS	PERSONNEL DIRECTOR
MISS FLORENCE BROWN	SUPERVISOR OF SURGERY
JOSEPH K. CHAMBERLIN	PURCHASING AGENT AND CHIEF PHARMACIST
WALTER C. EMERY	EXECUTIVE HOUSEKEEPER AND LAUNDRY MANAGER
MRS. GERTRUDE S. JAMESON	SOCIAL SERVICE DIRECTOR
DR. JOSEPH H. MARKS	ROENTGENOLOGIST
DONALD L. SABINE	SUPERINTENDENT OF MAINTENANCE
MISS MARGARET SHRADER	SUPERINTENDENT OF NURSES
MISS BERTINA TERKELSEN	OFFICE MANAGER
DR. SHIELDS WARREN	PATHOLOGIST
MISS PAMELA A. WHITNEY	DIRECTOR OF VOLUNTEER SERVICE
MISS EFFIE MAY WINGER	DIETITIAN IN CHIEF



Proposed Cancer Research Laboratory

Report of the Executive Director
TO THE
Corporation
OF THE
New England Deaconess Hospital

ANNUAL MEETING — 1949

In many ways 1948 was a successful year. There were about 1,000 less patient days than in 1947; however, the stay was shorter and we therefore served more patients. There were 7,700 in-patients and 7,540 out-patients who made 14,053 visits. Of these out-patients 3,360 were treated free. *The occupancy was again 93% and a fraction and was the highest occupancy of any hospital in the State.* A recent survey made by the Community Fund shows that the average occupancy in the State is 73%. The total number of operations was less than in 1947; however, the major operations increased by more than 30%. Total surgery in 1948 was 76% of our total number of admissions. This, as you know, is an unusually heavy load of surgery for any hospital, especially when 64% of all surgery was major, much of which was super-major. The autopsy percentage increased from 57.7 in 1947 to 60.1 in 1948. The work of other departments, including X-ray and the Department of Pathology, increased approximately 7%, showing a more comprehensive and complete treatment of patients.

The one essential place where we have not succeeded is in getting final plans ready for our new building. The stumbling block here, as I see it, is to be able to build a building with enough income-producing beds and necessary services with the money now in hand and the amount which can be borrowed on this basis. We are in the position where we cannot afford to borrow $2,000,000 because it will not build enough beds to provide income to amortize such a mortgage, while we could afford to borrow $3,000,000 since it would enable us to build such beds and pay off the required mortgage. I sincerely hope this matter will be resolved this spring for the need is becoming desperate.

We have at least $570,000 hanging on our decision, and doubtless other funds which would become available if people could but see us start. The Building Fund gained $120,807 in 1948, of which $117,400 has been paid. Some subscribers have more than doubled their original subscriptions, and I believe many others would give again knowing how prices have increased. They

must, however, be approached. This might be done in a carefully developed second campaign.

Our hospital earned income for 1948, which was $2,018,500, is $308,000 higher than the earned income for 1947; however, the year was also one of steadily increasing prices, and our loss from Blue Cross patients and bad debts was $68,700 more than in 1947, so that our expense total was $349,600 greater than our expense for 1947. Free work to patients was practically the same as 1947 — $125,000. This does not include the services of doctors, which were practically doubled.

However, the Treasurer's Report shows that we closed the year with a surplus of $23,260.20 which we added to our depreciation fund. We also paid off the last of $26,000 of our mortgage debt. We brought into balance our Land, Building, and Equipment Funds which needed $59,329 from our General Funds to bring our assets into balance with our liabilities. In addition, we purchased land for the New Building, amounting to $23,260, and paid sizable architectural fees.

We still continue to lose on Blue Cross patients. This loss is largely on ancillary charges. Blue Cross has set a ceiling on these charges above which we are not allowed to bill Blue Cross patients. This ceiling is based on average hospital charges of two years ago and is $1.71 per day less than our present charges. (Thirty hospitals in this area have higher charges than ours for these services.) This results in an annual loss to us of between $80,000 and $90,000. To overcome this, the Hospital has increased its rates $1.00 per day on all accommodations.

I would like to express the sincere appreciation of myself and, I am sure, of the Officers and Trustees of the Hospital for all that has been done for us by the women of the Friends of the Deaconess — for their generous subscription and payment to the Building Fund, for their help to our Training School by providing scholarships for needy students, and for the assurance and practical assistance given to the Hospital by many hours of voluntary service. Mrs. Grant, President of the Friends, was one of fifty citizens of the United States honored by the American Hospital Association at its annual meeting in September for having given over 4,300 hours of voluntary service to this Hospital. She also received a special citation from the American Red Cross signed by the President of the United States for this same service.

We have employed the Committee, or Cabinet, method in hospital administration now for a little over a year. The results have been splendid.

I asked several of the Staff Doctors to write me regarding medical advances at the Deaconess during 1948. Dr. Shields Warren mentioned: 1. A further

advance in the understanding of the hazards facing diabetics of long duration and improvements in treatment to avoid these. 2. The expansion of treatment of patients with leukemia by radioactive isotopes. 3. Advances in understanding of various endocrine diseases through the work of Dr. Hurxthal of the Lahey Clinic. 4. Improvements in the treatment of diabetic gangrene. 5. Improvements in the diagnosis of brain tumors.

Dr. Alexander Marble: 1. Use on investigational basis of a new modified protamine insulin (NPH50). This was a continuation of work extensively carried out in the summer of 1948 at the camp for diabetic girls and boys. 2. Advances in research. 3. Cooperation by members of the Staff in the program sponsored by the American Diabetic Association with the object of discovering the "hidden" diabetics in the country.

The following letter is typical of many we have received during the year:

Dear Dr. Cook:

Mrs. Bachrach has just returned home from the Deaconess Hospital, and I want to tell you how enthusiastic she is about the treatment she received. She has been in a number of hospitals in her life and has never received the treatment she did there — not to mention the interest on the part of everyone who took care of her.

Will you please express her appreciation and mine, to all of those who helped make her stay in the hospital such a pleasant one.

Sincerely,

Louis Fabian Bachrach

We plan to publish this and similar letters of commendation in a pamphlet.

I want to express sincere appreciation to the Officers and Trustees of the Corporation, to the Members of the Staff, to the Heads of Department, and all others for their cooperation in our work for the year.

Statistics

Patients in hospital, January 1st, 1948		225
Patients admitted 1948		7,700
Medical	2,258	
Surgical	5,442	
Private	1,329	
Semi-private	2,598	
Ward	3,773	
Patients discharged 1948		7,666
Medical	2,155	
Surgical	5,511	
Private	1,381	
Semi-private	2,558	
Ward	3,727	
Patients in hospital, December 31, 1948		259
Deaths		238
Hospital mortality percentage		3.1
Autopsy percentage		60.9
Occupancy percentage		93.0
Total patient days' service		100,677
Medical	20,904	
Surgical	79,773	
Private	17,214	
Semi-private	32,564	
Ward	50,899	
Full paying	84,119	
Part paying and free	16,558	
Average daily census		275.1
Largest number treated in one day		306
Smallest number treated in one day		194
Average days stay in hospital		13.1
Private	12.5	
Semi-private and ward	13.3	

Operations		5,800
Major	3,697	
Minor	2,103	
Average number of operations per month		483
X-Rays		18,462
Diagnostic	13,568	
Therapy treatments	4,894	
Laboratory tests		218,242
Autopsies	226	
Bacteriological examinations	5,106	
Basal metabolisms	907	
Chemical examinations	153,680	
Electrocardiograms	1,912	
Solutions	34,405	
Surgical examinations	8,566	
Transfusions	6,549	
Plasma	44	
Donors	6,847	
Other special services:		
Dental X-rays		240
Dental treatments and prophylaxis		147
Dental consultations and examinations		2,461
Dental extractions		209
Foot Room		6,573
Hospital consultations		3,044
Out-Door		14,053
Clinic	3,900	
Dental	1,189	
Foot Room	45	
Laboratories	2,298	
Operating Rooms	381	
X-ray	6,240	

WARREN F. COOK
Executive Director

Members of the Hospital Team

Annual Report of the Physician-in-Chief

THE RECORD of the year 1948 is instructive to those who wish to understand the place of the New England Deaconess Hospital in relation to the medical problems of the community. The fact that there has continued to be a long list of patients waiting for admission to the Hospital, that the Hospital needs enlargement to meet these demands, and that the number of patients admitted for treatment during 1948 exceeded the number admitted in 1947 by 76, —the difference between 7,700 and 7,624,— should be well known to all of us. The number of patients admitted during 1948 is all the more striking when it is remembered that for a certain period of time through August and September a considerable number of beds in the Deaconess Building and a whole floor of the Palmer Building were closed because of the shortage of nurses.

DR. HOWARD F. ROOT

Physician-in-chief at the Deaconess Hospital, newly-elected president of the American Diabetic Association, an associate in medicine at Harvard Medical School, fellow of the American College of Physicians.

I should like to compare some figures for 1948 with those of ten years ago. In 1938, the number of patients admitted was 7,290 and 50 percent of these had surgical operations. In 1948 7,700 patients were admitted and 76 percent were surgical cases. It is important to remember that this increase in admissions occurred in spite of fewer available beds. Certain space in the Hospital, formerly used for patients, is now used for administrative offices with the result that there are 5 per cent fewer beds available to care for patients. Also, as mentioned above, certain beds were vacant during 1948.

The surgery done in the New England Deaconess Hospital is of the most serious and complicated type. It is major surgery and there are relatively few of the less difficult operations. The surgery is performed in a large proportion of cases upon patients who have complications such as diabetes nephritis and that means that they are problem patients. *Success in these difficult cases requires a type of teamwork which is highly specialized.* I want to dwell on this because there is insufficient comprehension among the members of our Committees and our Boards just what the specialized service at the Deaconess Hospital really means to patients in terms of the individual's health and recovery.

This teamwork involves not only the surgeons and the physicians, but the dietitians, the nurses, floor attendants and the administration in a very complicated and intimate fashion. For example, the many very complicated operations upon the brain, upon the lungs and upon the legs done at the Deaconess Hospital to conserve and save life require long periods of treatment both in preparation and in convalescence. One of the effects of this highly specialized teamwork has been to shorten the patient's stay sometimes to a surprising degree. Not long ago one of our diabetic women over 60 years of age after only a short period of preparation had a carcinoma of the breast removed, was out of bed the next day and home on the fourth day. Operations upon the stomach for carcinoma or large ulcerations are now performed with safety, so that the patient is out of the hospital in periods of 10 to 12 days when not many years ago that same patient would have spent 3 to 5 weeks in the hospital. This early ambulation is due not merely to improved methods of treatment, protection of the patient by penicillin, new remedies and new surgical techniques, but also the better preparation of the patient before the operation and particularly the better use of dietary and nutritional treatment. While these facts apply with notable importance to diabetic patients at the Deaconess Hospital, they also apply to many other patients. It is a most mistaken idea to believe that the dietary treatment of diabetic patients is the only dietary treatment. Actually, at the Deaconess Hospital, as in most large hospitals where major surgery is done, dietary treatment forms an essential part of the care of patients not only with surgical conditions but with many other types.

The Deaconess Hospital with its large group of complicated problem cases such as thyroid, carcinoma at various difficult locations, and diabetes, provides specialized types of treatment, and these mean the difference between success and failure, between life and death for the large group of patients who trust their lives to the Hospital's care.

HOWARD F. ROOT, M.D.
Physician-in-Chief

Annual Report of the Surgeon-in-Chief

The most pressing problem that concerns the Surgical Staff continues to be the provision of new facilities for patients requiring surgical care, — both in the form of additional beds and new operating room facilities. The need for an increased number of beds devoted to surgical care and operating rooms more adequate for the very major surgery done in them is apparent to everyone interested in the Hospital. The difficulty in providing these facilities is well recognized and it is admitted that our original plans must be revised; but we hope that during 1949, a definite decision can be taken by the Corporation to provide additional beds and operating room facilities.

DR. RICHARD B. CATTELL
Surgeon-in-Chief

Surgeon-in-chief at the Deaconess Hospital, assistant surgeon-in-chief at the Lahey Clinic, honorary consultant for the Bureau of Medicine and Surgery of the U.S. Navy, fellow of the American College of Surgeons.

In this report last year, attention was called to the strain on the Operating Room facilities and the below-normal complement of the Operating Room Staff. It is pleasing to note that during the greater part of 1948, a full Nursing Staff was again available. The number of operations performed in the Deaconess Operating Suite remained about the same, during the past year, as shown in the accompanying table.

COMPARISON OF SURGERY FOR 1947 and 1948
DEACONESS OPERATING SUITE

	1947	*1948*
Major operations	2,326	2,408
Minor operations	1,589	1,312
Ambulatory	214	179
TOTAL OPERATIONS	4,129	3,899

Attention should be called to the fact that the Deaconess and the Palmer Operating Rooms have been combined under a single administration and surgery has been made a separate department from nursing. This has enabled us to discontinue one night emergency operating team and otherwise make the operating procedures more flexible and interchangeable. Since the unification of

DATE	NAME (Please Print)	ADDRESS (Please Print)
8/17/48	Dr. José Ortega	Mexico
10/18/48	Dr. Mario Bostagray	Argentina
10/20/48	Dr. Carlos Tejardo	Bogata, Colombia
11/21/48	DR. Caceres Jorge	Lima Peru
11/22/48	Dr. Parmesini	Spain
	Prof. P. Decker	Lausanne, Switzerland
	Prof. Robertson Lasalle	Buenos Aires, Argentina
	Dr. K. Lin	China
11/48	J. Anteyana	La Paz - Bolivia, S.A.
	Dr. K.S. Koo	Shanghai - China
	Dr. Luis Panafagua	San Juan, Puerto P
	Armando Vego	Spain
3/49	Dr. Dias Feray	Santos, Brazil
3/49	Prof. Rudstrom	Upsala Sweden
3/15/49	Dr. Basil Kovacy	Athens Greece
3/12/49	Dr. N.T. Hsias	Changsha, China
	Dr. H.S. Cha	China
4/49	Abel Portas	Portugal

Doctors from All Parts of the World Visit the Operating Rooms

management of the two Operating Suites, all operations are listed together. Previous reports have included only those operations performed in the Deaconess Operating Rooms. Statistics for Deaconess are presented in separate form for the last time in this report.

We have also revised our method of charging for the use of the Operating Room. Instead of a uniform Operating Room fee, we now charge an hourly rate, which is a fairer basis for the patient and has also increased our revenue by a considerable amount, which has been used for needed extra personnel.

There is a need to increase the total operating time available throughout the day in order to permit fuller schedules. At the present time, morning and afternoon operating time is not carried out to full capacity. If this were done it would offer means of performing an additional number of operations during this trying interval. With the limitation on operating time and operating room facilities, it has sometimes been necessary to hold patients over for another day. We hope that this can be avoided because of increased expense to the patient.

We urge the Administration to keep the full quota of beds open so far as possible. We realize that redecoration is necessary and that a few beds must, of necessity, be unavailable to patients, but this number should be kept at a minimum.

In this day of greatly increased costs for hospitalization, it is gratifying to note a shorter hospital stay for surgical patients. This has fortunately reacted favorably from a medical point of view in more rapid recovery as a result of early ambulation.

Dr. Shields Warren reports separately relative to the Blood Bank, but I should like to take this opportunity to urge all members of both Medical and Surgical Staffs to make every effort to supply blood donors in excess of requirements for it is only by the full support of the entire Staff that the Blood Bank remains solvent and that there is sufficient blood to meet all emergencies as well as routine requirements.

In my last report, I called attention to the postgraduate surgical teaching which is being conducted in our Hospital, mentioning particularly the instruction of visiting doctors and the training of residents. At this time, I would like to again call attention to the substantial participation of the Staff in the field of postgraduate education: in medical writing, lectures, and discussions at meetings. It is an additional means of making available to other doctors the experiences and advances made in the New England Deaconess Hospital.

With the limited number of beds available, it was deemed unwise to increase the Surgical Staff of the Hospital during 1948.

RICHARD B. CATTELL, M.D.
Surgeon-in-Chief

Annual Report of the The Friends of the Deaconess

The year 1948 has been marked for the Friends of the Deaconess by several new projects and developments. *Of these the formation of a Junior Auxiliary is perhaps the most important.* It was an exciting moment when Miss Pamela Whitney, at our Annual Meeting, handed to our Treasurer the first dues from the Junior Friends of the Deaconess. Such an organization of younger women has been our dream for several years. Now it is a reality. Miss Margaret Walter is its first President, with Miss Mollie Rudd and Mrs. Edward Perry as Secretary and Treasurer, respectively.

Among our active members, work has continued in making surgical dressings and in helping in the Blood Bank, in the Library, in the Out-Patient Department, and in the wards of the Hospital. The Junior Friends have given hundreds of hours of service in the wards, instructing patients in the Diversional Therapy work under Miss Whitney's guidance. Many weary hours have been whiled away for the patients.

Our principal activities, however, have perforce been efforts at money raising. The Thrift Shop in Brodbeck Cottage has carried on under the able direction of Mrs. Shields Warren and Mrs. Robert Garritt. The proceeds last season (October to June) were $1,700; since fall they have amounted to $756. The stock has often had to be replenished by donations of clothing and bric-a-brac, frequently obtained at teas given by our members. When we have a more accessible room, we should be more successful.

Our annual Pop Concert last May was managed by Mrs. Sheldon Wardwell. The net proceeds were $1250. Many Trustees, Members of the Staff, Alumnae and the Graduating Class of the School of Nursing, and other members of the Hospital Family took tables; the Junior Friends sold flowers. Altogether it was a delightful occasion.

In December we sponsored, and the Junior Friends organized a new project: a combined pageant and fashion-show, called "Christmas Eve on Beacon Hill." It was held at the Copley Plaza. The entire job of planning and directing invitations and receiving subscriptions was done by a small but energetic committee headed by Mrs. Ingersoll Cunningham and Miss Mollie Rudd. Mrs. Gilchrest and Mrs. Burrage, of Gilchrest Springs, who were our Public Relations Counsel, gave great help with the publicity and planning. Because of the high cost of production, not as much profit was made as had been hoped; but in the end, thanks largely to the generous donations of many kind friends, the sum of $508 was realized. The performance was truly lovely, and the audience most enthusiastic.

Mrs. Alexander G. Grant, President of the Friends of the Deaconess, has given the Hospital over 4300 hours of voluntary service. She has received special citations from the American Hospital Association and the American Red Cross.

Another effort was a Bridge Party at Mrs. Warren's house in November, under the direction of Mrs. Richard Sweet, which netted us $130. It was so pleasant that the committee planned two similar parties in February and May.

In October, a team of four of our members competed on the Radio Program, "Quizzing the Wives." Though we earned only a small sum ($23) the announcer commented on the size and loyalty of our group which had rallied to swell the studio audience; so we hope that this effort had publicity value! Our Spring Picnic at Mrs. Warren's was a great success and well attended.

In the fall the Annual Meeting was addressed by Dr. Richard B. Cattell of the Lahey Clinic, Surgeon-in-Chief of the Hospital, who had recently returned from travelling through Europe. He spoke on various aspects of Socialized Medicine, as he had seen its beginnings in England. We found what he told us extraordinarily interesting and important.

As to our own disbursements, we have again given $1,000 to the School of Nursing for Graduate and Undergraduate Scholarships, as outlined last year. As usual, various small gifts have been made to different departments in the Hospital. But once more, we have had to concentrate on our pledge to the Building Fund. During 1948 we added approximately $7000 to the amount already accumulated; over half of this was a legacy.

We had a representative at the Annual Meeting of the American Hospital Association at Atlantic City in September. For the first time representatives of Women's Auxiliaries from all over the United States and from Canada met to discuss their problems and to outline their plans for raising funds and otherwise helping their Hospitals. It was decided that a national organization be formed of these Women's Hospital Auxiliaries. Such an opportunity for exchanging ideas and experiences may be of great help to us, and we hope to send delegates to future meetings.

To conclude, 1948 has been an exceptionally active and encouraging year. The most hopeful thing in our report is the formation of a Junior Auxiliary of energetic and enthusiastic young women who will carry on in time the work we have started.

CATHERINE D. GRANT
President, Friends of the Deaconess

Annual Report of Volunteer Service

The year 1948 has been a busy one in the Volunteer Service Department. As in previous years, Regular Volunteers, Nurse's Aides, Gray Ladies, and Deaconess Aides have helped in the Blood Bank, Out-Patient Clinic, Library, Operating Rooms and Wards.

Although greater specialization in patient care has increased the number of paid personnel in the Hospital, the need for volunteer workers has not diminished. Besides the personal satisfaction derived from the knowledge that we help ease the suffering and tedium of the patients, there is the added realization that we are helping from a financial point of view.

In March we introduced a program of diversional therapy which has proved extremely gratifying to the patients, the doctors, and the Volunteers.

Carts of materials and samples are taken into the wards by the Volunteers, and the patients are taught how to make stuffed animals, belts, etc. The materials are purchased by the patients at cost so this service is self-perpetuating. Volunteers also work during the day and in the evening, preparing materials for use. We hope shortly to broaden our scope and to use part of Palmer VI solarium as a craft shop so that we can teach textile painting, leather tooling, and other interesting things to ambulatory patients. In the seven months of its existence, the craft program has succeeded in supplying 421 articles to 379 people. We are deeply grateful to the Friends of the Deaconess who furnished the necessary funds to start this project.

Many Volunteers have worked at home doing such jobs as threading needles and making bronchoscopy sponges. A total of 6,528 needles were threaded for us, of which 3,104 needles were done by Mrs. Harold Kenton. A total of 12,954 bronchoscopies were made; 7,814 of these were made by one Volunteer.

Organizations in five churches are still helping to make Operating Room supplies: All Saints and Leyden Churches in Brookline, Old South Church in Boston, Wellesley Hills Congregational Church, and St. John's Methodist Episcopal Church in Watertown. The Friends of the Deaconess, under Miss Marsh's guidance, continue to make Operating Room supplies Wednesday mornings on Palmer Roof. In as much as we are now buying more dressings ready made, these groups are able to keep us well supplied in the things which we still make to order.

STATISTICAL REPORT

	Number	*Total Hours*
Nurse's Aides	10	763
Gray Ladies	13	627
Regular Volunteers	64	3,516
Friends of the Deaconess — Dressings	47	713
Thrift Shop	9	571
TOTAL	143	6,190

While the quantity of Volunteers has diminished somewhat, the quality is finer than ever; and their loyalty, cooperation, and service is a source of great pride and admiration to all who are connected with the New England Deaconess Hospital.

PAMELA A. WHITNEY
Director of Volunteer Service

Annual Report of the Nursing Department

Hospital Staffing

Nursing Service during 1948 has reached the highest peak since before 1940. Although the number of personnel has reached an all time high, the turnover has been reduced. *Our nursing care has been gradually climbing to the pre-war standard, and the amount of nursing care we have been able to give to each patient has been more than that provided since 1942.* This is very encouraging in view of the ninety-three per cent bed occupancy and the rapid patient turnover.

While the number of admissions for the year has increased, the average stay per patient has decreased. As a result, the demands for care are much greater than in pre-war times. We have met this need partly by employing more auxiliaries than usual, as well as more graduate nurses. Despite the additional personnel at the end of the summer we found it necessary to close two small wards for a brief period because of nursing demands. During this period, plumbing was remodelled to make possible more efficient care, and the floors were redecorated.

Early in the fall, a Hospital Aide Program with an in-service training period of six weeks was introduced, in an effort to provide more auxiliary help and thus release nurses from many of their non-technical duties. Already we are finding these Aides to be very useful.

Personnel Practices

We have been most grateful for the loyalty and support of our employees. Continuing our effort to offer benefits comparable to other local institutions, we have increased salaries by paying nurses for actual hours of work. Straight shifts of duty were instituted early in the year; the work week was reduced from forty-six to forty-four hours for the staff nurse, and from forty-two to forty hours for the faculty member; liberal health benefits were provided; the general staff nurses were re-organized into an active group which meets monthly; recreational facilities in the graduate residences were modernized.

There have been various evidences of the value of such action, chief among which are the improved patient care and the high degree of morale among employees.

Developments

Facilities have been improved to such an extent that many nursing hours have been conserved through

1. Expansion of the Nursing Office on Deaconess 3 South

2. Installation of modern plumbing fixtures in Palmer Building
3. Segregation of Orthopedic Unit to improve quality of care
4. Separation of Operating Room from Nursing Department in anticipation of centralization of Operating Room, Central Supply Room, Blood Bank, and Solution Room in new building.

A concerted effort is also being made to improve the service provided for patients through better supervision and more efficient coordination of activities, both in office and clinical positions.

The major project of the year has been a cost study which has attempted to evaluate the service rendered by student nurses, as well as the cost of the school to the hospital. To this end, a careful time study has been kept of the time worked by all nursing personnel since July 1, 1948. These data are essential in determining the cost of the school to the hospital and will be valuable in comparing this school with similar institutions. Some valuable conclusions should be available from this study, such as a more accurate standard for staffing, as well as an adjustment of the work load and time schedule for students.

NURSING SCHOOL

The School of Nursing of the New England Deaconess Hospital has made strides in the following areas during the past year: faculty, curriculum, physical plant, scholarship aid, and public relations.

Statistics

In May we graduated the largest class (sixty-eight students) in the history of the school. The two youngest classes total seventy-one, a record achievement as compared with most schools in the state. The school enrollment as of December 31, 1948 totals one hundred and seventy-six students.

Staff Adjustments

Early in the year, two assistants were added to the faculty in order to provide better supervision for the young students in the classroom and on the wards. A health co-ordinator has been approved, but as yet we have been unable to locate a qualified person for this new field. Two faculty members have been away at school for full-time study; also, we continue to have a number of our nurses taking part-time university courses.

Curriculum and Clinical Developments

Our block system has been in operation for fifteen months and has proved worthwhile from the point of view of student achievement, morale of nurses,

and patient care. While one or two adjustments had to be made in the grouping of classes, the overall program was found satisfactory. In September, Simmons College undertook one year's experiment to concentrate Chemistry and Microbiology in order to limit the number of sciences taught at one time.

In July we were able to arrange the nursing course so that the last six months are provided on a rotating internship basis. This plan is intended to give each student a well-rounded preparation, as well as to assist her in perfecting nursing skills. During this period a senior level of teaching is presented in a clinical field. Senior demonstrations have been resumed in the nursing school, and the senior courses have been revised with emphasis on skilled bedside care. The clinical teaching has been further strengthened through the return of the case method assignment and the use of pre-test and end-of-service examinations.

The establishment of an Orthopedic Unit of fifteen beds in October will be helpful in instructing students in this technical phase of nursing. We have found that the Medical Unit has been limited in its usefulness because of insufficient ward accommodations. We hope that this problem can be remedied in the near future.

Student Welfare

Our preventive health program for the student nurses has been strengthened as follows: chest X-rays every three months, Mantoux tests repeated at six

months' intervals, administration of BCG vaccine to negative tuberculin reactors on a voluntary basis, and increase of vacation time for second year students.

Extensive redecoration has taken place in the student residence. Two of the three floors have been completely refurnished, and the parlors have been redecorated. The infirmary has been renovated so that it now accommodates more students and has a more effective isolation set-up. A new class room has been built by the Hospital Maintenance Department.

The Student Government Association has been strengthened by the merging of all class organizations. A stronger school spirit is thus being engendered. The scholarship aid of over $3000 assisted sixteen students, and the Loan Fund was used by three students.

Evaluation of Achievement

Reorganization of the duties of the administrative personnel has been indicated as the result of a recent study. Thus we plan to utilize more advantageously the nurse hours and to assign duties commensurate with respective positions. Such a survey also demonstrated the need for an additional housemother to assure better supervision of students in the nurses' residence.

Public Relations

We are glad to report the recent publication of the 1949 Announcement.

The Glee Club has been unusually active during the year. An eight weeks' radio program, a telecast Christmas program, a Christmas benefit sponsored by the Friends of the Deaconess Association, and a Christmas concert kept the students very busy. Several articles appeared in local papers concerning our nursing course.

Much time has been spent during the year preparing plans for a new addition to the student residence, both in classrooms and in sleeping rooms. Because the faculty is convinced of the need for early action in improving the overcrowded condition in classrooms, the school is undertaking to raise funds toward the cost of a new classroom unit, costing approximately $100,000.00.

This has been a year of expansion in the school and nursing service. Nevertheless, we are aware of the many unexplored areas. We in Nursing would like particularly to extend our appreciation to the Trustees and Administration for making possible so many advances. Their understanding assistance has proved a real incentive in our endeavor to maintain the traditional standards of the New England Deaconess Hospital.

Margaret M. Shrader, R. N.
Superintendent of Nurses and
Principal, School of Nursing

Report of the Department of Surgery

The year 1948 has brought many changes to the Operating Room.

The nucleus of a central service for the future has been established with the creation of a central sterilizing room located in the Deaconess building for service to the wards.

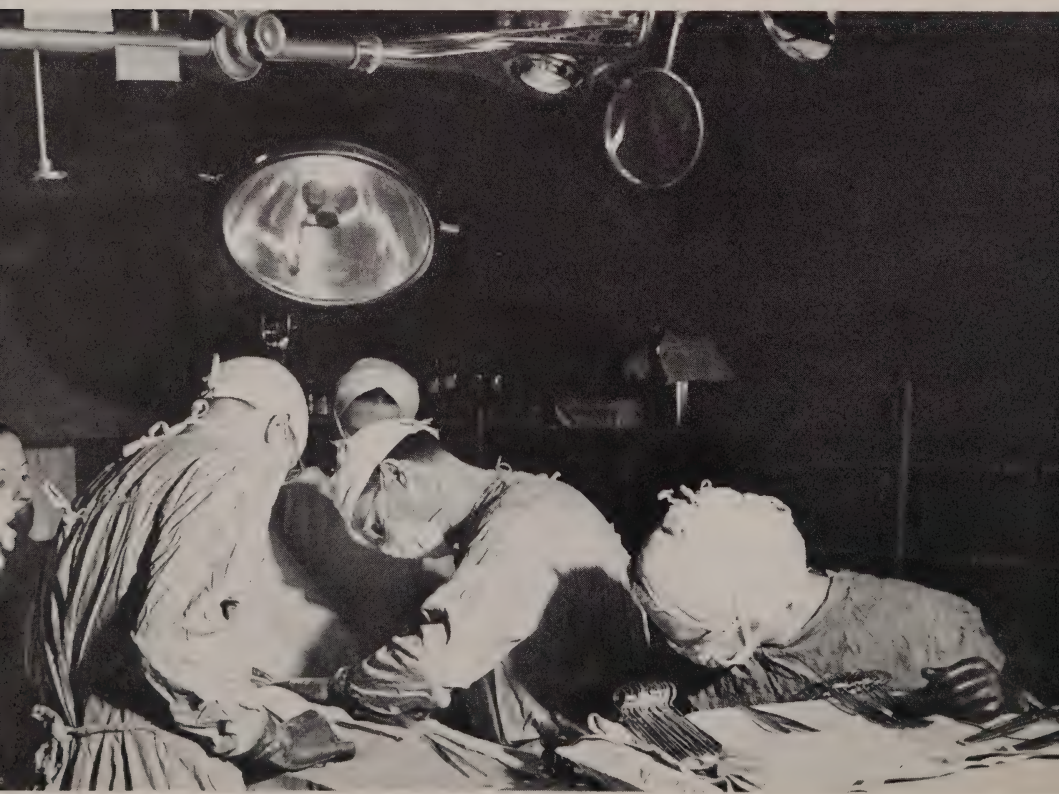
A graduate nurse teaching program has been developed with a number of worthwhile clinics and lectures. We are grateful to the doctors who have so generously given of their time to make these possible. While there is no formal post-graduate course in operating technique, in effect there have been a number of nurses working with the staff for experience; among them a nurse from China, one from South America, and several from Canada.

The nursing service of the Operating Room has been extended. There is now a staff nurse on duty during the night hours with a second graduate nurse available for emergency surgery.

Several valuable pieces of equipment which will eventually be used in the new operating rooms have been purchased this year. Among these are new autoclaves and a new air-conditioning unit for the sterilizing room.

A new Surgical Committee representing the Surgical Staff, Operating Room Staff, and Administration has been formed, to which problems of the Department may be brought.

FLORENCE R. BROWN, R. N.,
Supervisor, Department of Surgery



Annual Report of the Personnel Department

The Personnel Department in 1948 stressed training of employees. Assistance was given primarily to the Dietary Department in orienting and introducing new employees to their jobs. Sanitation courses were held in two divisions of the Dietary Department to make our food-handlers more conscious of their responsibility to patients and other employees for cleanliness. More time was also spent on general orientation for all new employees both in classroom sessions and tours of the Hospital.

Our average monthly turnover for the year dropped to 7.4 percent. The total personnel requisitions filled for the year amounted to 338, which includes full-time and part-time employees as well as vacation substitutes for all departments. During the year 2,196 applicants were interviewed, 17 percent of whom were referred by present or past employees or were former employees who wished to return to work. Fourteen new five-year service pins were awarded and nineteen former award winners received new pins for increased service. Of this group, three completed 25 years of service.

The New England Deaconess Hospital was privileged to be one of the six hospitals chosen by the Boston Hospital Council to cooperate in the survey of personnel policies and practices conducted by Mr. Royal Parkinson.

We have been pleased to continue our association with Radcliffe College — offering opportunities for field work to the students from the Management Training Program.

As time goes on the services of the Personnel Department seem to meet with greater acceptance. Since a staff department may only act on an advisory basis, it is gratifying to be asked for more and more information and counsel.

Ellen Adams
Personnel Director

Report of the Social Service Department

Cancer's dread hand may bow even the most indomitable of spirits. Miss W., at 39, was a slim, gallant little figure whose artful make-up almost disguised her pinched face and the shadows of suffering under her eyes. She came to the hospital for treatment alone and penniless, with bravado covering her inward fright and bewilderment. Despite Miss W.'s brave front and joking manner, her problems were gradually revealed to the social worker. Left an orphan at twelve, without relatives or resources, she had had to fight single-handed for an education and a theatrical career. Since the War, her increasingly poor health had made engagements uncertain and sparse. As she had barely enough money on which to exist, she had not felt that she could afford medical care until her condition had almost become hopeless.

However, recent advances in the treatment of cancer gave her much relief from pain and actual retardation in the spread of her disease. As her condition improved, her spirits rose and she was encouraged to express her feelings about cancer. She appeared to gain consolation from having some of the fears of the unknown dispelled along with her misconceptions about the disease. Through contacts with various organizations and individuals, the social worker was able to interpret Miss W.'s condition and make known her needs. As a result, friends came to visit regularly, and she received many letters and surprise packages from others. For the first time in her life, she was having things done for her. She who had always felt alone and friendless was now surrounded by manifestations of people's attention.

After a three-month stay, Miss W. was ready to leave the hospital. Much thought was given to finding a congenial place where she would receive the proper nursing care. Through a personal appeal, the social worker was able to secure greatly reduced rates in a small convalescent home which catered to cultured people in a friendly and individual manner. An actors' society was approached regarding financial assistance and, with their help and that of friends, sufficient money was raised to meet her expenses. Miss W. is now comfortably situated in this home, and her problems are being met with understanding.

This case illustrates the type of situation in which the social worker can be helpful. *Unless the social situation can be evaluated and treated, much of the skill of the medical care will be lost.* The social worker carries through on cases needing follow-up after discharge from the hospital. This may involve convalescent or nursing homes or institutional placement, as in the case of Miss W. 147 patients were given this particular type of service; and 48 re-

ceived the help of various Visiting Nurse Associations during 1948. 237 visits outside the hospital were made by the social workers in dealing with the problems of the patients. A total of 960 patients were given social services that were important enough to record.

A Relief Fund of $2,567 was raised and expanded for the benefit of 85 patients for convalescent care, transportation, special diets, medical expenses, Christmas cheer, etc. We are grateful to our various donors: the Massachusetts Division of the American Cancer Society, the Permanent Charity Fund, the Bray Fund through the kindness of Mr. Eugene Mather, trust funds of the Boston Safe Deposit and Trust Company, Dr. Allen Joslin, the Friends of the Deaconess, Mrs. Roscoe Carter, Mrs. C. F. Smith, Mrs. Alexander G. Grant, and others.

We were happy this past summer to be able to send a number of our diabetic boys to the new Elliott P. Joslin Camp at Charlton. As usual, the diabetic girls were given vacations at the Clara Barton Camp. The Iron Rail Camp in Hamilton gave vacations to several children without specific medical problems but with serious economic and social problems in their families.

The Department has participated as usual in the teaching of the social aspects of illness, giving 30 formal lectures plus 12 ward and clinic sessions to the Student Nurses. The Director has continued her work on general community problems in association with other Boston agencies.

GERTRUDE S. JAMESON
Director of Social Service

Report of the Out-Patient Department

The general public, through various media of publicity — radio, magazine articles, newspapers, etc. — has become quite cancer-conscious. It therefore welcomed the announcement of the opening last May of the first Cancer Detection Center in Boston. This clinic for well people without symptoms of the disease slants its examination towards the detection of early cancer if it exists. Various procedures have been worked out and standardized, and these clinics can expand as rapidly as personnel and space will permit. With funds from the Harvard School of Public Health and with the cooperation of the State Department of Public Health, it is possible for patients unable to meet the full cost to have the benefit of the examination.

The regular cancer and tumor clinics for people with definite symptoms have been most active, and 148 sessions were held during the year. 3900 services were given to 1,097 patients and included examinations, laboratory work, minor operations, radium treatments, etc., one-half of which were given free of charge. Of the total number of patients seen, 459 were found to have definite cancer. Arrangements were made for 237 patients to be admitted to the hospital; and, of these, 109 were financially able to be private patients and pay their hospital and doctor's bills. 128 were given free professional care and free or part-free care by the hospital.

We continue to be grateful to the Massachusetts Division of the American Cancer Society for help in financing follow-up and cancer research work. 1,682 medical follow-ups were done this year.

A social worker has interviewed all new clinic patients and has been available for consultation and help for the troubled patient and for those needing hospitalization.

GERTRUDE S. JAMESON
Director of Out-Patient Department

Report of the Dietary Department

In our annual report last year we predicted that prices would continue to rise until the middle of the year. Prices did follow the upward trend well past the middle of the year; in October they began to drop slightly. The forecast for 1949 is an accentuated downward tendency.

No permanent or built-in equipment has been purchased this year because we are looking forward to the New Building and do not want to acquire anything that cannot be used in the new dietary department. However, we have purchased some Kem-Air units which have been installed in the ice boxes in the main store room and in the main kitchen in the Deaconess Building. These units reduce the humidity and the temperature in the boxes thus improving their effectiveness. We have tried out a new ice-making machine on Deaconess II. The ice is made in the machine right on the floor. This eliminates the unsanitary storage ice chest and the inconvenience and the untidiness resulting from ice deliveries from a commercial ice company. We feel that it has proved very satisfactory.

Again this year, Dr. Cook extended an invitation to each employee to be the guest of the Hospital for dinner on both Thanksgiving and Christmas. Extra dinner tickets could be purchased for $1.50 per person. 163 members of the Hospital family accepted the Thanksgiving invitation and 127 accepted the Christmas invitation. The employees were most appreciative and grateful that the Hospital continued this holiday custom.

We have had a high turnover in the dietary department. During the year, five dietitians resigned, — three because of marriage and two because of illness at home.

A definite affiliation program with Regis College has been set up. One of the senior students who is majoring in dietetics comes to the Deaconess for practical experience one day a week for a full semester.

In 1948 we served 326,295 meals in our Cafeteria and 360,837 meals to patients making a total of 687,132 meals served in 1948.

Effie May Winger
Chief Dietitian

Annual Report of the Pharmacy Department

The year 1948 was most encouraging for the Pharmacy for several reasons. The price increases which we anticipated early in the year were relatively in line with the general cost-of-living increases. Increases averaged more than 15% and might have been higher except for the fact that the expensive antibiotics, Penicillin and Streptomycin, showed a slight decrease in cost.

We developed two new services for the patient. These were the hair dressing service and the rental of television sets.

The new hair-dressing service is actually a travelling beauty shop, staffed by a competent beautician, and offers every beauty service to the patient from a manicure to a permanent wave. Our present net profit on this service is $75.00 to $85.00 per month and is increasing.

The new service of renting television sets to the patient is hardly out of the novelty stage, but apparently it will develop into a good income-producing service. Incidently, except for areas adjacent to the X-ray department, the Hospital enjoys excellent reception of television programs.

The work of making ready the solutions of Penicillin and Streptomycin was taken over by the Pharmacy in 1948. This relieved the Nursing Department of many hours of work. The new air-conditioned Penicillin room definitely proved its worth.

Our work in supplying routine drugs to the floors remained about the same as in previous years, although the cost of these supplies was somewhat higher.

The Apothecary showed a definite increase in sales to customers outside the Hospital and in Special Medications to patients. The excess of our income over our expense was most satisfactory.

We have enjoyed complete cooperation in our own and of all other departments of the Hospital. We are anticipating an equally successful year in 1949.

JOSEPH K. CHAMBERLIN
Chief Pharmacist

Report of the Purchasing Department

1948 was the first year in quite a while that shortages in various commodities were not a factor. We could obtain almost any item requested but of course a new factor developed, that of higher prices.

The first of the year reflected increased costs averaging 20% on supplies purchased through this Department. Not until the fourth quarter did this percentage increase drop slightly when a small reduction was made in the cost of textiles.

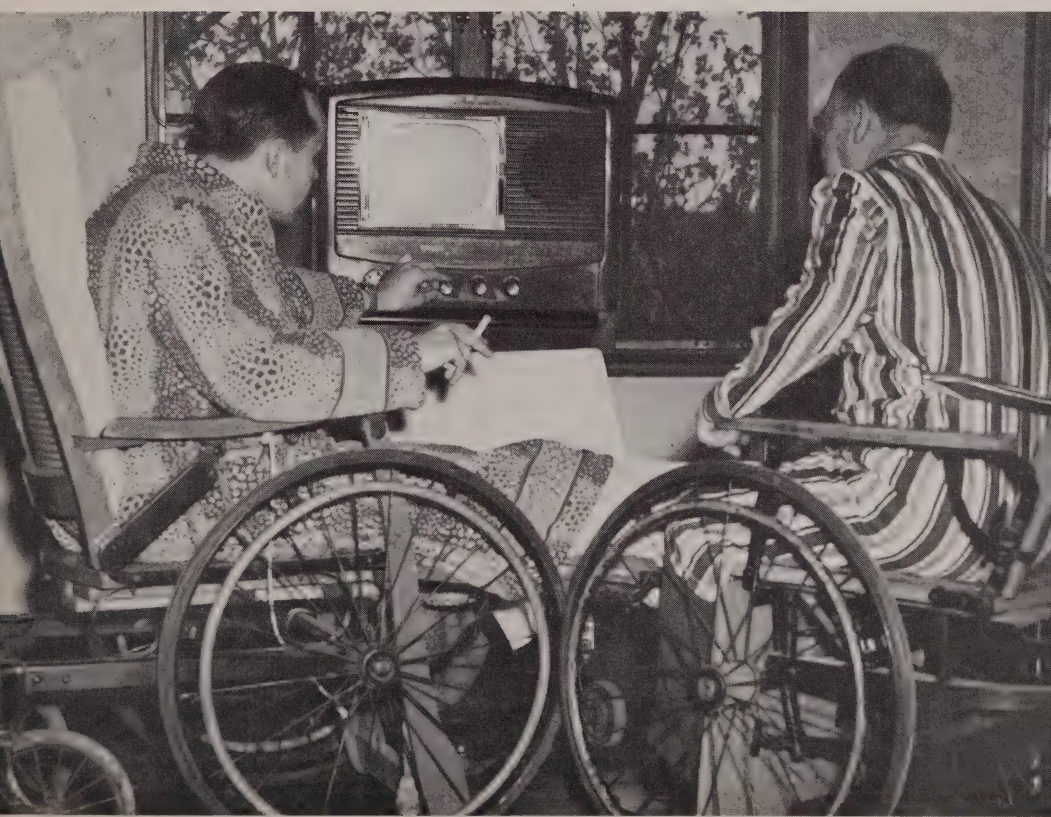
From our new records of charges we have noted that the cost of supplies for the Nursing Department was above the previous year and above the budget. This, however, was caused by the increase in cost and not by waste or inefficiency. All other departments stayed within their budgets and were in line with the previous year.

The amount of money tied up in Inventory has remained constant and is reasonably low. We make every effort to keep this figure down, in the event of a possible economic recession. We feel that peak prices have been reached in many commodities, and that some reductions are near.

We are sincerely grateful for the complete cooperation of all other departments.

JOSEPH K. CHAMBERLIN
Purchasing Agent

Patients Enjoy Television Sets



Annual Report of the Engineering and Maintenance Departments

It is quite gratifying to start a report and be able to tell of a diminution in costs rather than an increase such as we have had to report in the past few years. Since December 1 we have received three reductions in the price of fuel oil. The last one amounted to 6/10 of a cent per gallon, equivalent to a saving of approximately $2,700 on our yearly budget for crude oil. Although other prices have not yet started to recede, it is evident that a peak has been reached. All materials, difficult to obtain a year ago, are now becoming available.

Closing a hospital floor, although it is not profitable from a financial point of view, certainly helps the Maintenance Department accomplish improvements and repairs in a shorter period of time than would be possible in the presence of sick patients. During the nursing shortage last Fall, when Palmer Three was closed, we were able to redecorate the entire floor. We also installed a stationary suction outlet at each bedside and remodeled all the sinks on the floor with new wrist-action faucets. The latter installation appreciably facilitated sterile technique. The addition of the suction outlets has definitely decreased the consumption of City water for that building. As time goes on, we hope to have all bedsides equipped with outlets permanently connected to the motor-driven suction equipment.

All the windows above the first floor level of the Deaconess Building have had safety anchors installed, so that window washing can be accomplished with a safety belt instead of the cumbersome platform previously used.

Throughout all the walk-in ice boxes of the Deaconess, humidity-control chemical elements, known as "Kem Air" were first tested and then permanently installed. The results have been excellent in that food odors are satisfactorily absorbed and optimum humidity maintained. The compressors have to run less to maintain the same temperature, bringing about an economy in the electricity used for food preservation and a decrease in the wear and tear of the refrigerator equipment.

Because of the abnormal weather conditions last winter, the pointing of the exterior brickwork required more funds than provided for in our budget. However, the mildness of this winter has more than superseded the severity of last.

DONALD L. SABINE
Chief Engineer
Superintendent of Maintenance

Annual Report of the Laundry and Linen Department

There has been an increase in the amount of work to be done by the Laundry. We have nearly five hundred more pieces of press work per week than last year and new techniques in the Operating Rooms have made a greater demand on our manufacturing and laundering time. However, better methods have enabled us to keep up with the work. We have fewer personnel than at any time for the past ten years.

Greater savings can be realized with more modern equipment.
Our records show that in 1948

We laundered	1,460,400 Pounds
	2,238,905 Pieces
We manufactured	20,898 Pieces
We repaired	18,182 Pieces
We discarded	8,330 Pieces

WALTER C. EMERY
Laundry Manager

Annual Report of the Housekeeping Department

A clean house for us means the right people plus the know-how. Fewer and better employees will save us money and do a much better job. The assistant supervisors are keeping abreast of the times by reading, attending conferences, and visiting other hospitals.

GROUNDS

Last January we purchased a snow plow with lawn mower attachment. This does a better job and has already paid for itself in labor.

The Department wishes to thank every one for helpful co-operation throughout the year.

WALTER C. EMERY
Executive Housekeeper

MEDICAL ADMINISTRATION

1949

NEW ENGLAND
DEACONESS HOSPITAL

Medical and Administrative Staffs

Administrative Staff

Howard F. Root, M.D., *Chairman*
Shields Warren, M.D., *Secretary*
F. Gorham Brigham, M.D.
Richard B. Cattell, M.D.
Alexander Marble, M.D.
Joseph H. Marks, M.D.
Leland S. McKittrick, M.D.

DEACONESS DIVISION

Surgeons

Richard B. Cattell, M.D., *Surgeon-in-Chief*

Hollis L. Albright, M.D.
Bentley P. Colcock, M.D.
Frank H. Lahey, M.D.
Charles A. Lamb, M.D.
Halsey Beach Loder, M.D.
Charles C. Lund, M.D.
Samuel F. Marshall, M.D.
Leland S. McKittrick, M.D.
Joe Vincent Meigs, M.D.
Theodore C. Pratt, M.D.
Fred A. Simmons, M.D.
Neil W. Swinton, M.D.
Irving J. Walker, M.D.
Kenneth W. Warren, M.D.
Paul A. Young, M.D.

Physicians

Howard F. Root, *Physician-in-Chief*

Frank N. Allan, M.D.
Theodore L. Badger, M.D.
C. Cabell Bailey, M.D.
Elmer C. Bartels, M.D.
George O. Bell, M.D.
Allen G. Brailey, M.D.
F. Gorham Brigham, M.D.
Robert W. Buck, M.D.
Walter S. Burrage, M.D.
John W. Cass, Jr., M.D.
Arthur A. Cushing, M.D.
Donat P. Cyr, M.D.
James A. Evans, M.D.
Frank P. Foster, M.D.
John L. Fromer, M.D.
Hugh P. Greeley, M.D.
Albert A. Hornor, M.D.
Lyman H. Hoyt, M.D.
Lewis W. Hurxthal, M.D.
Harriet D. James, M.D.
Stewart H. Jones, M.D.
Sara M. Jordan, M.D.
Allen P. Joslin, M.D.
Elliott P. Joslin, M.D.
Lewis W. Kane, M.D.
Everett D. Keifer, M.D.
Donald S. King, M.D.
Roger I. Lee, M.D.
James S. Mansfield, M.D.
Alexander Marble, M.D.
F. William Marlow, Jr., M.D.
Francis E. McDonough, M.D.
H. Archibald Nissen, M.D.
John W. Norcross, M.D.
W. Richard Ohler, M.D.
A. Seymour Parker, Jr., M.D.
Leroy E. Parkins, M.D.
Carey M. Peters, M.D.
John R. Ross, M.D.
David I. Rutledge, M.D.
Dwight L. Siscoe, M.D.
Frances H. Smith, M.D.
Carlton R. Souders, M.D.
Richard P. Stetson, M.D.
William B. Stevens, M.D.
James H. Townsend, M.D.
Martin L. Tracey, M.D.
Conrad Wesselhoeft, M.D.
Priscilla White, M.D.
S. Allen Wilkinson, M.D.

Anesthetists

Urban H. Eversole, M.D.
Leo V. Hand, M.D.
Morris J. Nicholson, M.D.
Robert Orr, M.D.
Edwin R. Ruzicka, M.D.

Bacteriologist

Harold B. Kenton, Ph.D.

Cardiologist

Burton E. Hamilton, M.D.

Oral Surgeons

Varaztad H. Kazanjian, M.D., D.M.D.
Harold A. Kent, D.M.D.
Leroy M. S. Miner, M.D., D.M.D.

Dermatologists

C. Marshall Crawford, M.D.
C. Guy Lane, M.D.
Ethel M. Rockwood, M.D.

Gynecologists

Henry T. Hutchins, M.D.
Frank A. Pemberton, M.D.

Laryngologists

Carl H. Ernlund, M.D.
John R. Frazee, M.D.
Walter B. Hoover, M.D.
Frank D. Lathrop, M.D.
Lyman Richards, M.D.
Harold G. Tobey, M.D.
Francis L. Weille, M.D.

Neurologists

James B. Ayer, M.D.
G. Colket Caner, M.D.
John B. Dynes, M.D.
Oscar J. Raeder, M.D.
Walter I. Tucker, M.D.

Neurosurgeons

Gilbert Horrax, M.D.
James L. Poppen, M.D.

Obstetrician

R. S. Titus, M.D.

Ophthalmologists

William P. Beetham, M.D.
Louisa Paine Tingley, M.D.
J. Herbert Waite, M.D.

Orthopedists

George Guy Bailey, M.D.
Albert H. Brewster, M.D.
Gilbert E. Haggart, M.D.
Robert H. Morris, M.D.
William A. Rogers, M.D.
Frank L. Shipp, M.D.
James W. Toumey, M.D.
George W. Van Gorder, M.D.

Pathologists

Shields Warren, M.D.
Olive Gates, M.D.
Samuel P. Hicks, M.D.
William A. Meissner, M.D.

Pediatricians

Warren R. Sisson, M.D.

Roentgenologists

Joseph H. Marks, M.D.
Isabel K. Bogan, M.D.
Hugh F. Hare, M.D.
Mirle A. Kellett, M.D.
Magnus I. Smedal, M.D.

Thoracic and General Surgeons

Herbert D. Adams, M.D.
David P. Boyd, M.D.
Richard H. Overholt, M.D.
John W. Strieder, M.D.
Richard H. Sweet, M.D.
Norman J. Wilson, M.D.
Francis M. Wood, M.D.

Urologists

Weston T. Buddington, M.D.
Fletcher H. Colby, M.D.
Harvard H. Crabtree, M.D.
Vernon S. Dick, M.D.
Earl E. Ewert, M. D.
Roger C. Graves, M.D.
Sylvester Kelley, M.D.
George Gilbert Smith, M.D.

Chiropodist

J. F. Kelly, B.S.C.

PALMER MEMORIAL DIVISION

Visiting Staff

Leland S. McKittrick, M.D., *Surgeon-in-Chief*
F. Gorham Brigham, M.D., *Physician-in-Chief*
Carl E. Ernlund, M.D., *Laryngologist*
Joseph H. Marks, M.D., *Roentgenologist*
Joe Vincent Meigs, M.D., *Gynecologist*
George Gilbert Smith, M.D., *Urologist*
Shields Warren, M.D., *Pathologist*

Surgeons

Weston T. Buddington, M.D.
Clifford C. Franseen, M.D.
Francis Ingersoll, M.D.
Wyland Leadbetter, M.D., *Urologist*
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Langdon Parsons, M. D.
Richard H. Sweet, M.D.

Physicians

Samuel P. Hicks, M.D., *Pathologist*
Francis T. Hunter, M. D.
Mirle A. Kellett, M.D., *Roentgenologist*
William A. Meissner, M.D., *Pathologist*

Consultants

Elliot P. Joslin, M.D., *Honorary Consulting Physician*
Joseph C. Aub, M.D., *Medicine*
Francis Audin, M.D., *Anesthesia*
James B. Ayer, M.D., *Neurology*
Henry K. U. Beecher, M.D., *Anesthesia*
Edward B. Benedict, M.D., *Endoscopy*
Olive Gates, M.D., *Pathology*
Burton E. Hamilton, M.D., *Cardiology*
Leo V. Hand, M.D., *Anesthesia*
John S. Hodgson, M.D., *Neurological Surgery*
Henry Jackson, Jr., M.D., *Medicine*
Varaztad H. Kazanjian, M.D., D.M.D. *Oral Surgery*
Harold B. Kenton, Ph.D., *Bacteriology*
George R. Minot, M.D., *Hematology*

W. Jason Mixter, M.D., *Neurological Surgery*
Richard H. Norton, Jr., D.M.D. *Oral Surgery*
Frank A. Pemberton, M.D., *Gynecology*
Ethel M. Rockwood, M.D., *Dermatology*
William A. Rogers, M.D., *Orthopedic Surgery*
Leroy A. Schall, M.D., *Laryngology*
Channing C. Simmons, M.D., *Surgery*
Louisa Paine Tingley, M.D., *Ophthalmology*
Henry R. Viets, M.D., *Neurology*
J. Herbert Waite, M.D., *Ophthalmology*

Associate Staff

Hollis L. Albright, M.D.
Thomas J. Anglem, M.D.
Isabel K. Bogan, M.D.
Robert E. Brownlee, M.D.
Bradford Cannon, M.D.
John W. Cass, Jr., M.D.
Earle M. Chapman, M.D.
Fletcher H. Colby, M.D.
Ernest M. Daland, M.D.
Roger C. Graves, M.D.
Ward I. Gregg, M.D.
E. Parker Hayden, M.D.
Albert A. Hornor, M.D.
Lyman H. Hoyt, M.D.
Lewis W. Kane, M.D.
Harold A. Kent, D.M.D.
Frank H. Lahey, M.D.
Charles C. Lund, M.D.
L. Tillman McDaniel, M.D.
Francis D. Moore, M.D.
Robert H. Morris, M.D.
H. Archibald Nissen, M.D.
Richard H. Overholt, M.D.
Leroy E. Parkins, M.D.
Carey M. Peters, M.D.
Theodore C. Pratt, M.D.
Howard F. Root, M.D.
Dwight L. Siscoe, M.D.
John W. Spellman, M.D.
Richard P. Stetson, M.D.
William B. Stevens, M.D.
Charles L. Swan, M.D.
Grantley W. Taylor, M.D.
George W. Van Gorder, M.D.
Irving J. Walker, M.D.

Annual Report of the Pathologist

Overcrowding and scarcity of trained personnel have continued to make effective operation of the laboratories difficult. Much credit is due to Dr. Meissner, Dr. Kenton, Miss Sellman, Miss Blanchard and all the members of the laboratory staff for their determination that the patients should receive the best possible service under trying conditions. The need for additional facilities and rearrangement of present facilities for efficient operation cannot be too greatly stressed.

The work of the laboratories is highly diversified, ranging from the Blood Bank and the Intravenous Department to Surgical Pathology and the Radium Plant. Fortunately, it has been possible to maintain appreciable economies without sacrifice of efficiency by utilizing the same individuals in a number of instances for more than one responsible position.

During the year our training program in the field has been continued. The proportion of veterans desiring training has diminished and some non-veterans have been accepted. Within the limits of space and time, the laboratories are made available to the students in pathology at the Harvard Medical School. Usually, we have students each week take part in one or another of the various activities of the laboratory.

Because of the major role that the Hospital and its staff (particularly the Lahey Clinic and Dr. Joslin and his associates) play in post-graduate training, special emphasis has been placed on postgraduate training in pathology. There is hardly an evening in the week that special lectures and demonstrations are not given to fellows of the Lahey Clinic, residents in the laboratory, and other post-graduate students.

The trend in research has continued very much as last year. *An extremely important development was the grant in June of* $400,000 *to the Deaconess Hospital by the U. S. Public Health Service for the purpose of constructing a Cancer Institute which will provide much-needed space for research and be a very real asset to the Hospital and its patients in many ways.*

An important addition to the staff is Dr. Samuel P. Hicks, previously Associate Professor at the Georgetown Medical School, Washington, D. C. and Consultant in Neuropathology to the National Naval Medical Center. Dr. Hicks has special skill in neuropathology as well as being well grounded in general pathology. He adds to the range of competence in the laboratory.

The pathologist has continued as part-time Director of the Division of Biology and Medicine of the Atomic Energy Commission.

During the year the laboratory resident staff consisted of:

Dr. William L. Drake, Jr.
Dr. Bernard F. Mann, Jr.
Dr. Daniel M. Shapiro
Dr. Duncan C. Smyth

In addition to this staff several volunteers spent a number of months in training:

Dr. Robert G. Allen
Dr. Kenneth Hardy
Dr. Yong Liu
Dr. Robert C. Tate
Dr. John C. Trabue

The following completed their appointments:

Dr. Chin-Tsai Chen
Dr. John R. Cranor, Jr.
Dr. Klaus R. Dehlinger
Dr. Frank Dixon
Dr. Milton Elkin
Dr. Joseph D. Feldman
Dr. Gerald C. Leary
Dr. Sheldon C. Sommers
Dr. James L. Tullis
Dr. Earl B. Wert

The statistical report of the laboratories follows:

Blood Bank	
Transfusions	6,549
Plasma (units)	44
Donors	6,841
Professionals	6
Chemical Laboratory	
Basal Metabolism Tests	907
Blood Examinations	88,997
Electrocardiograms	1,912
Urine Examinations	50,957
Miscellaneous Examinations	13,726
Pathological Laboratory	
Autopsies	226
Bacteriological Examinations	5,106
Surgical Examinations	8,566
Solution Room	
Total solutions given	60,366

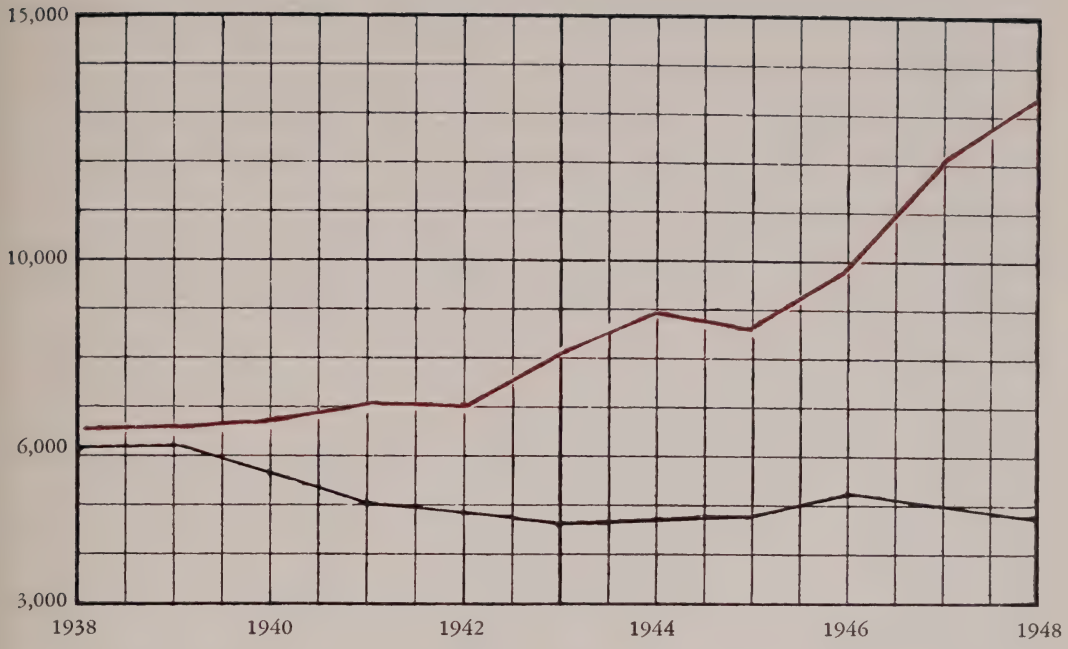
Shields Warren, M.D.
Pathologist

Annual Report of the Roentgenologist

The statistics for the department show a steady increase in the total number of examinations done. The continuing accumulation of knowledge concerning various disease entities frequently indicates new fields where X-ray examination may be of benefit. Improvements in quality of equipment have in a general way kept pace with our increasing knowledge during the past and give promise of continuing to do so. It would seem, therefore, that we might reasonably expect a still further increase in the number of examinations done per patient or per hundred hospital beds. The need for additional space for the department and the necessity of maintaining our equipment at maximum efficiency is readily apparent. Equipment is expensive and all but one of our diagnostic machines have been replaced, at least in part, within the past 10 years; nevertheless none is as efficient as the best machines being built today. Replacement of the fluoroscopic table in the Deaconess unit has been contemplated for more than a year but has been postponed because it was our belief that a very much better table was on the drawing boards and would soon be in production. The improved table has become available within the past two months and our budget committee has approved its purchase during the first quarter of 1949. The other general purpose radiographic unit in Deaconess is our oldest piece of diagnostic equipment and urgently needs replacing.

The number of treatments given during the past year is very similar to the number given during each of the past five years but is definitely below the number given during 1938 and 1939. It has been our belief for some time that this decrease in number of treatments given was due, at least in large part, to the fact that an increasingly large number of community hospitals now have equipment for X-ray therapy. Changing medical opinion has also contributed to this decrease in volume of therapy. For example, it was formerly considered wise to give at least one thorough course of prophylactic treatments following almost all operations for carcinoma of the breast. The experience in most tumor centers now indicates that such treatments are of little or no benefit and that roentgen therapy might better be withheld until metastases have actually made themselves evident. Indeed in certain cases hormone therapy may be more beneficial.

More recently Dr. J. Vincent Meigs and his associates have revived the use of radical surgery for early cases of carcinoma of the cervix in preference to treatment by radium and X-ray. The general principle of the operation is not new but modern anaesthesia, chemotherapy and the even newer antibiotics



Summary of X-ray Examinations and Treatments for 10-Year Period

Examinations
Treatments

permit such surgery without the excessive operative mortality rate of ten or more years ago. More time will be required before the results of such treatment can be finally assessed, but at the moment it seems extremely interesting.

It has been abundantly evident for many years that radiation therapy, at least as presently conceived, is not the final answer to the cancer problem. It may be equally true that radical surgery is not the final answer, but I wish here to record the fact that it is a very real pleasure to be associated with a hospital where so many members of the staff are actively interested in finding better methods of treatment and where all members are ready at all times to give up old methods whenever a new technique or a new agent can be shown to be better.

Drs. Raymond F. Healey and Paul A. Riemenschneider served with us as residents during the year. Each has since returned to the Peter Bent Brigham

Hospital to complete his training. Dr. Riemenschneider is the last of the group of residents to pursue the combined program at the Brigham, Children's and Deaconess Hospitals. After several years of experience with this combined program it has seemed to us that the advantages of experience in each of the three hospitals were outweighed by the disadvantages of too frequent shift of personnel. It seems evident that all of the problems of adult roentgenology can be found at this Hospital and that it should therefore be necessary for our residents to affiliate formally with only one other institution, namely a short period at the Children's Hospital for training in pediatric roentgenology. Arrangements for this affiliation have been made and the new program will go into effect on January 1, 1949.

JOSEPH H. MARKS, M.D.
Roentgenologist

The Motive

behind the growth of the Deaconess Hospital has been the instinct and desire to care for those sufferers who are not able to care for themselves. The need is greater today than it has ever been. Why not let skilled workers be the servants of your good will?

NEW ENGLAND DEACONESS HOSPITAL

FRANCIS W. CAPPER, *Treasurer*
16 Deaconess Road, Boston

ENCLOSED find $_____ as my contribution toward relieving the suffering of the poor.

(NAME) _____

(ADDRESS) _____

_____